REMARKS

In response to the Office Action mailed on July 9, 2002, Applicant respectfully requests reconsideration. Based on the Interview Summary mailed July 23, 2002, the Examiner has withdrawn the restriction requirement of March 12, 2002 and thus Claims 1 to 36 are pending in this Application. Claim(s) 1, 10, 20, 21, 28 and 36 are independent claims and the remaining claims are dependent claims. In this Amendment, claim(s) 3-4, 11, 19 (Independent), 30 and 31 have been canceled, claims 1-2, 5-10, 12-13, 15-18, 20-21, 23, 26-29, 32-34 have been amended and claim(s) 35 and 36 have been added. A version of the claims containing markings to show the changes made is included in the Appendix attached hereto. Applicant(s) believe that the claim(s) as presented are in condition for allowance. A notice to this affect is respectfully requested.

35 U.S.C. §112, second paragraph claims rejections

Claims 11, 20 and 34 were rejected under 35 U.S.C. §112, second paragraph, as being indefinite and/or lacking antecedent basis for certain terms. Claim 11 has been canceled without prejudice. Applicants have amended claims 20 and 34 to correct the indefiniteness and antecedent basis issues cited by the Examiner and therefore this rejection has been overcome and should be withdrawn.

35 U.S.C. §102(e) claim rejections based on Brown, U.S. Patent No. 6,246,992

Claims 10-13, 15-18, 20-24 and 28-31, 33 and 34 were rejected under 35 U.S.C. §102(e) as being anticipated by Brown, U.S. Patent No. 6,246,992 (hereinafter Brown '992). Applicant respectfully assert that the present claimed invention is not anticipated by any disclosure in Brown '992.

Generally, the Brown '992 reference is a system that allows a single doctor to collect data from the homes of that doctor's patients and allows the doctor to determine which patients are properly performing a treatment procedure. The system can allow the doctor to manually select one or more patients from a graphically displayed overview

chart and the system can email or call those selected patients with treatment information provided by the doctor concerning their treatment procedure.

More specifically, the Brown '992 reference discloses a multiple patient monitoring system that a doctor can use to determine the current status of that doctor's patients with regard to a treatment procedure those patients are to follow. A remote monitoring device within a patient's home can collect, record and transmit a measurement of a control parameter (e.g., a blood glucose level) for a patient with a corresponding date and time to a central database. The central database stores patient records including patient information, telephone number, e-mail address and the corresponding measurements received from the patient site. An overview software application can calculate a control value from that patient's measurement that indicates the patient's control over his or her health condition. The system can determine the last time period between patient data collection and can generate an overview chart having data points that represent corresponding patients of that doctor and their associated control values and time periods between data collections. The overview application can determine elapsed time periods between collections of patient measurements and can determine compliance of each patient with a clinician prescribed measurement regime by comparing the actual patient measurement date and times with prescribed measurement date and times. The overview chart allows the doctor to visually identify non-compliant patients via a flashing icon for those patients and can also indicate completeness of a set of measurements collected from a patient.

As described at Column 8, Line 37, a clinician must use a selection device to select at least one patient from the overview chart in order to contact that patient via email or a phone call. The clinician can select a send option (Col. 8, line 43) to transmit the list of selected patients to either a mail merge application or an automated phone call system (Col. 9, line). In both cases, the system send (mails or calls) information to the patients manually selected by the doctor, for example, to allow a doctor to communicate with unmotivated patients who have lost contact with the clinician before those patients develop urgent medical needs.

The present claimed invention is significantly different from that disclosed in the Brown '992 reference. Generally, the system of the invention is configured to perform medical studies and determine clinical outcomes and medical diagnosis. By way of a general example, the system allows users having different associated privilege levels, such as patients, doctors, and medical directors, to select a medical study based on privilege level and to enter medical information that can be processed, according to that user's associated privilege level and according to user selected characteristics, by a clinical algorithm, to provide an indication of a performance of, for example, one doctor for a specific drug, patient, treatment procedure or ailment in relation or in comparison to at least one other doctor. The clinical outcome can be conditionally output, based on the user's privilege level, such that different users receive different (i.e., filtered) output. This allows, for example, a medical director to rank doctors based on selected characteristics and to receive output that is quite detailed and revealing about the performance of different doctors or doctor groups, whereas a doctor or a patient selecting and performing a similar medical study (if allowed, based on privilege level) would receive different or filtered output that might, for example, rank that doctor only to other doctors in his or her group, or in the case of a patient, might show that patient's ranking in comparison to a national average, but not in comparison to other patients of that doctor or other medical groups. In addition, based on processing entered medical data, the system can process automatic trigger events such as, for example, emailing both doctors and patients and writing a prescription for a patient based on the clinical outcome. By allowing a comparison of doctors, treatments, drugs and ailments that is selected, processed, and output based on privileged levels, the system of the invention accommodates use by doctor, medical director and patient users as different levels of detail regarding the information produced as clinical outcome output.

The rejected independent claims 10, 20, 21 and 28 recite novel combinations of the various aspects of the invention as briefly discussed above. Nothing in the Brown '992 reference (or the other references included in the Office Action of July 09, 2002, alone, or in combination) teaches, discloses, or suggests the combination of elements of the invention as respectively recited in the rejected independent claims 10, 20, 21 and 28.

For example, independent claim 10 recites a method for implementing medical studies by obtaining an identification of a user and an associated privilege level of the user and selecting a medical study. The user enters medical data related to a patient associated with the medical study and the system immediately processes the medical data entered in combination with other data associated with the medical study using a clinical algorithm specifically designed for the medical study to produce a clinical outcome of the medical study which takes into account the medical data entered that was related to the patient. The clinical outcome provides an indication of a performance of the doctor for at least one of a specific drug, a specific patient, and a specific ailment in comparison to at least one other doctor. Nothing in the Brown '992 reference teaches, discloses, or suggests comparing doctors to other doctors. Rather, the Brown '992 reference only teaches a system that allows a single doctor to compare his or her patient activities with respect to a single treatment regimen. The doctor is not presented with any comparison of his or her performance in relation to other doctors with respect to the treatment, drug, ailment or patient.

In addition, as further recited in claim 10, the system immediately and conditionally, based on the privilege level of the user, outputs the clinical outcome data once processed to provide an indication as to how the medical data that was entered for the patient effects, and is related to, the outcome of the medical study in relation to the comparison of doctors, such that a first user having a higher privilege level can view details of the clinical outcome that a second user having a lower privilege level is not allowed to view in the same clinical outcome. Nothing in the Brown '992 reference teaches or suggests modifying or providing conditional output of a selected medical study based on privilege level of different users of the system. Accordingly, claim 10 patentably distinguishes over the Brown '992 reference and the rejection of claim 10 should be withdrawn.

Rejected independent claim 20 relates to a computer program product and recites limitations that are similar and that closely parallel those discussed above with respect to rejected claim 10. As an example, rejected claim 20 recites that the computer program logic, when executed, determines a clinical outcome that provides an indication of a

performance of the doctor for at least one of a specific drug, a specific patient, and a specific ailment in comparison to at least one other doctor, and that immediately and conditionally, based on the privilege level of the user, outputs the clinical outcome to allow the clinical outcome to be used in a state that accounts for the sets of medical information received and that displays privileged information only if the privilege level of the user is sufficiently high enough to allow for access to such privileged information. Nothing in the cited Brown '992 reference or the other references teaches, discloses or suggests a capability to compare doctor performance to other doctors and to filter privileged information regarding the clinical outcome based on the user privilege level. Accordingly, the rejection of claim 20 has been overcome and should be withdrawn.

Rejected independent claim 21 recites a method performing medical diagnosis that includes steps of receiving sets of computerized medical study data and receiving an identity of a user having an associated privilege level. The method generates comparison results describing comparisons of the sets of computerized medical study data to produce a medical study profile. As recited, the medical study profile provides an indication of a performance of the doctor for at least one of a specific drug, a specific patient, and a specific ailment in comparison to at least one other doctor and wherein content of the medical study profile is produced at a level according to the privilege level of the user and only contains doctor ranking information if the privilege level is sufficiently high enough to allow that user to rank doctors against other doctors and contains ranking of a non-doctor characteristic if the privilege level is not sufficiently high enough to allow that user to rank doctors. Based on the medical study profile, the method provides an indication of a ranking of a characteristic of the medical study profile. Nothing in the cited references teaches, discloses or suggests performing medical study profile processing to produce content that is contingent on the privilege level of a user and that can contain doctor ranking information is the user has a high privilege level and that contains ranking of a non-doctor characteristic if the privilege level is not sufficiently high enough. Accordingly, the rejection of claim 21 has been overcome and should be withdrawn.

Rejected independent claim 28 teaches limitations that closely parallel a combination of certain novel limitations of claims 10, 20 and 21 discussed above and therefore patentably distinguishes over the cited Brown '992 reference as well as the other references cited in the Office Action and thus the rejection of claim 28 should be withdrawn.

The rejected dependent claims 12-13, 15-18, 23, 26-29 and 30-34 depend from one of the independent claims discussed above and are allowable for at least the same reasons. In addition, these dependent claims further recite aspects of the invention that are not taught, disclosed or suggested in the Brown '992 reference or the other references either alone, or in combination.

As an example, claim 12 relates to the step of selecting a medical study and presents to the user a list of medical studies for which that user is associated and to which the privilege level of that user corresponds. Claim 12 further recites that if the identification of the user indicates the user is a doctor, presenting to the doctor a list of patients associated with the medical study and allowing the doctor to select a current patient associated with the medical study and enter a new patient to be associated with the study, and if the identification of the user indicates that the user is a medical director, presenting to the medical director a series of privileged clinical outcome studies that can provide a ranking of doctors against other doctors for the treatment of patients. Nothing in the cited references teaching differing operations with respect to selection of a study based upon and identity and privilege level of a user. Accordingly, claim 12 further patentably distinguishes over the cited references.

Claim 13 recites that the step of immediately processing the medical data entered using a clinical algorithm executes the clinical algorithm to produce at least one of i) a comparison of doctors for treatment of an ailment, ii) a comparison of drugs for treatment of an ailment, iii) a comparison of physician groups for treatment of an ailment; and iv) a comparison of surgical techniques for treatment of an ailment. Nothing in the cited Brown '992 reference teaches such limitations. The Brown '992 reference is limited to comparing patient performance of a single doctor. Moreover, claim 13 includes the step of displaying results of the clinical outcome only if a privilege level of the user is

sufficient to allow that user to view the results of the clinical outcome. Nothing in the Brown '992 reference teaches that display of results is conditioned on the privilege level of the user. Accordingly, claim 13 further patentably distinguishes over the cited references. Dependent claim 33 contains limitations that parallel claim 13 and should be allowed for at least the same reasons.

Claim 15 recites executing the clinical algorithm to determine if the medical data entered does not conform, within a predetermined threshold, to a standardized set of medical data associated with the medical study, and if so, processing a trigger event that prepares a prescription for an individual associated with the medical study. Nothing in the Brown '992 reference teaches that an automatic trigger event that can prepare a prescription for a patient when medical data does not conform. The only type of trigger events in the Brown '992 references is that they system can flash an icon on the display to notify a doctor of a patient that is not conforming to the treatment plan. The doctor must thereafter manually selected that patient via a mouse or other action and the system can then send an email or place a call to that patient. There is no automatic trigger event to email that doctor, the patient or other parties and there certainly is no teaching of preparing a prescription for the individual. Accordingly, claim 15 further patentably distinguishes over the cited references.

Claims 16, 17 and 18 recites limitations related to preparation of the prescription for a drug for the patient on behalf of the doctor (claims 16 and 18) and processing a trigger event to notify a doctor that he or she should prescribe medical treatment (claim 17). These limitations are not taught or suggested in the Brown '992 reference. Accordingly, claims 16, 17 and 18 further patentably distinguishes over the cited references.

Certain other dependent claims recite limitations that may substantially parallel the aforementioned limitations and are patentable over the Brown '992 reference as well as the other references cited, either alone, or in combination, for at least the same reasons. Accordingly, the rejection of claims 10-13, 15-18, 20-24 and 28-31, 33 and 34 under 35 U.S.C. §102(e) as being anticipated by Brown, U.S. Patent No. 6,246,992 has been overcome and should be withdrawn.

Note that while not yet examined (due to the restriction requirement that was overcome subsequent to preparation of the Office Action of July 9, 2002), the other independent claims 1 and 36 and associated dependent claims 2-9 and 35 further recite a combination of certain of the novel elements of the present invention as discussed above and are patentable over these references for at least the same reasons.

35 U.S.C. §103(a) rejections based on Brown '992 in view of Brown '586

Claims 14 and 25-27 are rejected under 35 U.S.C. §103(a) as being unpatentable over Brown in view of Brown, U.S. Patent No. 6,151,586 (hereinafter Brown '586). The Brown '992 reference has been discussed in detail above. The Brown '586 reference relates to a computerized reward system for encouraging patient participation in a health management program by providing coupons to the patient if the patient complies with a script of questions presented to the patient at a remote terminal at the patient's home.

The Examiner relies on the Brown '586 reference to purportedly teach claim 14 limitations related to presenting questions for a patient to answer based on former answers to previous questions. Claim 14 depends from claim 10. The limitations of claim 10 are discussed in detail above in relation to claims 10's patentability over the Brown '992 reference. Nothing in the disclosures of the Brown '586 or the Brown '992 references, alone or in combination, discloses, teaches or suggests any of the limitations discussed above with respect to claim 10 and thus claim 10 patentably distinguishes over these references. Since claim 14 depends from claim 10, it is patentable over these references, alone or in combination with each other, for at least the same reasons and thus the rejection of claim 14 should be withdrawn.

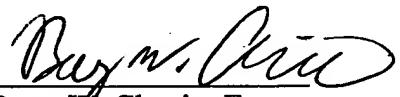
Claims 25-27 depend from independent claim 21. The limitations of claim 21 are discussed in detail above in relation to claims 21's patentability over the Brown '992 reference. Nothing in the disclosures of the Brown '586 or the Brown '992 references, alone or in combination, discloses, teaches or suggests any of the limitations discussed above with respect to claim 21 and thus claim 21 patentably distinguishes over these references. Since claims 25-27 depend from claim 10, they are patentable over these references, alone or in combination with each other, for at least the same reasons as claim

21. In addition, claims 26 and 27 include limitations related to privilege level (discussed above) and comparison of doctors to other doctors. The Brown '586 reference does not add any disclosure related to user privilege level or comparing doctors to doctors and thus claims 26-27 are patentable for these reasons as well. From the foregoing, the rejection of claims 25-27 should be withdrawn as well.

Due to the cancellation of claims, there is no fee required for new claims 35 and 36. A fee ($110) and petition for a one month extension of time is included with this response. As this response is submitted on November 12, 2002 and November 9, 2002 was a Saturday and Monday November 11 was a Federal Holiday (Veterans Day), the due date for this response within the one month extension of time is November 12, 2002. If the U.S. Patent and Trademark Office deems additional fees are necessary, such fees may be charged to the account of the undersigned, Deposit Account No. 50-0901.

If the enclosed papers or fees are considered incomplete, the Patent Office is respectfully requested to contact the undersigned collect at (508) 366-9600, in Westborough, Massachusetts.

Respectfully submitted,



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Appendix to Show Changes Made in Claim Amendments

(Amended) 1. A digital data processing system for determining clinical outcomes of medical data, the digital data processing system comprising:

an input mechanism receiving sets of medical information from at least one user having an associated privilege level, each set of medical information having characteristics relating to a specific medical study and the characteristics of each set having an associated value;

a storage mechanism coupled to the input mechanism, the storage mechanism receiving and maintaining the plurality of sets of medical information;

a processor coupled to the storage mechanism, the processor receiving a selection[ing] of a first characteristic and a second characteristic common to at least two sets of medical information, and processing all values of the first and second characteristic according to a clinical algorithm to determine a clinical outcome of the sets of medical information for the specific medical study based upon a comparison of the selected first and second characteristics, wherein the clinical outcome provides an indication of a performance of the doctor for at least one of a specific drug, a specific patient, a specific treatment technique and a specific ailment in comparison to at least one other doctor; and

an output mechanism coupled to the processor to receive the clinical outcome of the sets of medical information and to conditionally output the clinical outcome to [a] the user of the digital data processing system depending upon the associated privilege level of the at least one user, such that the at least one user may depend upon the clinical outcome during the course of the medical study and such that a first user having a higher privilege level can view details of the clinical outcome that a second user having a lower privilege level is not allowed to view in the same clinical outcome on the output mechanism.

(Amended) 2. The digital data processing system of claim 1 wherein:

the sets of medical information containing characteristics related to the specific medical study include data related to at least one of a patient, a drug, an ailment, a doctor and a treatment technique; and

wherein a level of processing all values of the first and second characteristic according to a clinical algorithm to determine a clinical outcome is selected based upon the privilege level of the user and wherein the clinical outcome determined based upon the selected first characteristic indicates a statistical result derived from the clinical algorithm for at least one of a patient, a drug, an ailment and a doctor in relation to another of at least one of a patient, a drug, an ailment and a doctor.

Please cancel claims 3 through 4 without prejudice as to the subject matter underlying these claims.

(Amended) 5. The digital data processing system of claim [3] 1 wherein the first characteristic is an identity of at least one drug and wherein the second characteristic is an identity of at least one other drug, and wherein the clinical outcome provides an indication of a performance of the at least one drug for treating at least one patient in comparison to the at least one other drug in relation to doctors treating patients.

(Amended) 6. The digital data processing system of claim [3] 1 wherein the first characteristic is an identity at least one first doctor and wherein the second characteristic is an identity of at least one second doctor, and wherein the clinical outcome provides an indication of a performance of the at least one first doctor in comparison to the at least one second doctor as related to at least one of:

i) treatment of at least one patient;

ii) treatment of at least one ailment;

iii) use of at least one drug; and

iv) the success of at least one surgical technique; and

wherein the digital data processing system comprises:

means for displaying results of the clinical outcome only if a privilege level of the user is sufficient to allow that user to view the performance of the at least one first doctor in comparison to the at least one second doctor.

(Amended) 7. The digital data processing system of claim 1 wherein the processor instructs the input mechanism to receive specific sets of medical information based upon an identity of a user of the digital data processing system and wherein the clinical algorithm for which all values of the first and second characteristics are processed is selected based upon the identity of the user of the digital data processing system, such that there are two users for which output of the clinical algorithm is different and the two users are a doctor and a director of a medical practice group of doctors that includes the doctor, and wherein the output of the clinical algorithm presented to the doctor is filtered as compared to the output of the same clinical algorithm presented to the director of the group of doctors that includes the doctor.

(Amended) 8. The digital data processing system of claim 1 wherein:

the input mechanism is coupled to a computer network including attached geographically diverse patient and doctor computer systems, and wherein the user of the digital data processing system is a patient who enters at least one of the sets of medical information as input from a patient computer system which is remotely located from the digital data processing system; and

wherein the output mechanism provides [the] only a portion of the clinical outcome to the patient over the network immediately after processing the data, thereby providing [a] the portion of the clinical outcome offering immediate feedback in response to entering patient data that takes into account the most up-to-date sets of medical information, the portion containing only clinical outcome data that the patient is allowed to view based upon the privilege level assigned to the patient.

(Amended) 9. The digital data processing system of claim 1 wherein the processor analyzes the clinical outcome for specific triggering events and notifies at least one of a

doctor[,] and an allied medical professional [and a patient] upon detection of a specific triggering event that is determined based on the analysis of the clinical outcome.

(Amended) 10. A method for implementing medical studies, the method comprising the steps of:

obtaining an identification of a user and an associated privilege level of the user;

selecting a medical study;

entering medical data related to a patient associated with the medical study;

immediately processing the medical data entered in combination with other data associated with the medical study using a clinical algorithm specifically designed for the medical study to produce a clinical outcome of the medical study which takes into account the medical data entered that was related to the patient, wherein the clinical outcome provides an indication of a performance of the doctor for at least one of a specific drug, a specific patient, and a specific ailment in comparison to at least one other doctor; and

immediately and conditionally, based on the privilege level of the user, outputting the clinical outcome data once processed to provide an indication as to how the medical data that was entered for the patient effects, and is related to, the outcome of the medical study in relation to the comparison of doctors, such that a first user having a higher privilege level can view details of the clinical outcome that a second user having a lower privilege level is not allowed to view in the same clinical outcome.

Please cancel claim 11 without prejudice as to the subject matter underlying this claim.

(Amended) 12. The method of claim 10 wherein the step of selecting a medical study includes the steps of:

[obtaining an identification of an individual;]

presenting to the [individual] user a list of medical studies for which that [individual] user is associated and to which the privilege level of that user corresponds, thereby focusing attention of the [individual] user on particular medical studies;

allowing the user to select one of the medical studies for which that [individual] user is associated; and

if the identification of the user [individual] indicates the user [individual] is a doctor, presenting to the doctor a list of patients associated with the medical study and allowing the doctor to select a current patient associated with the medical study and enter a new patient to be associated with the study, and if the identification of the user indicates that the user is a medical director, presenting to the medical director a series of privileged clinical outcome studies that can provide a ranking of doctors against other doctors for the treatment of patients

(Amended) 13. The method of claim 10 wherein the step of immediately processing the medical data entered using a clinical algorithm executes the clinical algorithm to produce at least one of:

i) a comparison of doctors for treatment of an ailment;

ii) a comparison of [a] drugs for treatment of an ailment;

iii) a comparison of [a] physician groups for treatment of an ailment; [and]

iv) a comparison of [a] surgical techniques for treatment of an ailment; and

wherein the method comprises the step of:

displaying results of the clinical outcome only if a privilege level of the user is sufficient to allow that user to view the results of the clinical outcome.

(Amended) 15. The method of claim 10 wherein the step of immediately processing the medical data using a clinical algorithm further includes the steps of:

executing the clinical algorithm to determine if the medical data entered does not conform, within a predetermined threshold, to a standardized set of medical data associated with the medical study, and if so, automatically processing a trigger event that prepares a prescription for an individual associated with the medical study.

(Amended) 16. The method of claim 15 wherein the trigger event is processed for a doctor and wherein the processor, in response to processing the trigger event, notifies the

doctor that a patient has entered medical data that does not conform to the predetermined threshold of the standardized set of medical data associated with the medical study and wherein the step of preparing a prescription prepares a prescription for a drug for the patient on behalf of the doctor.

(Amended) 17. The method of claim 15 wherein the trigger event is processed for a patient and a doctor and wherein the processor, in response to processing the trigger event, notifies the patient and the doctor that the patient has entered medical data that does not conform to the predetermined threshold of the standardized set of medical data associated with the medical study and that the patient should seek medical treatment and that the doctor should prescribe medical treatment.

(Amended)18. The method of claim 15 wherein the trigger event is processed based upon an anticipated timing of data entry associated with the medical study and wherein the trigger event automatically processes a prescription on behalf of a doctor treating a patient associated with the trigger event.

Please cancel claim 19 without prejudice as to the subject matter underlying this claim.

(Amended) 20. A computer program product having a computer-readable medium including computer program logic encoded thereon for determining clinical outcomes of medical data, such that the computer program logic, when executed on at least one processing unit with [the] a computing device, causes the at least one processing unit to perform the steps of:

receiving sets of medical information, each set having characteristics relating to a specific medical study and the characteristics of each set having an associated value;

obtaining an identification of a user and an associated privilege level of the user operating the computer system

maintaining the plurality of sets of medical information;

immediately receiving a selection[ing] of a first and second characteristics common to at least two sets of medical information, and immediately processing all values of the first and second characteristics according to a clinical algorithm to determine a clinical outcome of the sets of medical information for the specific medical study based upon the selected first characteristic, wherein the clinical outcome provides an indication of a performance of the doctor for at least one of a specific drug, a specific patient, and a specific ailment in comparison to at least one other doctor; and

immediately and conditionally, based on the privilege level of the user, outputting the clinical outcome to allow the clinical outcome to be used in a state that accounts for the sets of medical information received and that displays privileged information only if the privilege level of the user is sufficiently high enough to allow for access to such privileged information.

(Amended) 21. A method performing medical diagnosis, the method comprising the steps of:

receiving sets of computerized medical study data;

receiving an identity of a user having an associated privilege level;

generating comparison results describing comparisons of the sets of computerized medical study data to produce a medical study profile, wherein the medical study profile provides an indication of a performance of the doctor for at least one of a specific drug, a specific patient, and a specific ailment in comparison to at least one other doctor and wherein content of the medical study profile is produced at a level according to the privilege level of the user and only contains doctor ranking information if the privilege level is sufficiently high enough to allow that user to rank doctors against other doctors and contains ranking of a non-doctor characteristic if the privilege level is not sufficiently high enough to allow that user to rank doctors; and

based on the medical study profile, providing an indication of a ranking of a characteristic of the medical study profile.

(Amended) 23. The method of claim 22 wherein the step of providing an indication signals a trigger event for at least one of [the patient,] a doctor responsible for treating [the]a patient, and a medical professional associated with the patient, the trigger event notifying the at least one of the patient, the doctor, and the medical professional of the non-conforming characteristic.

(Amended) 26. The method of claim 25 wherein the particular person is a doctor having an associated sufficient privilege level and the ranking indicates a relationship of the performance of the doctor in relation to the medical study data in comparison to at least one other doctor.

(Amended) 27. The method of claim 25 wherein the particular person is a patient and the ranking indicates a level of treatment provided to the patient relation to the medical study data for a doctor treating that patient in relation to at least one other doctor.

(Amended) 28. A method for determining clinical outcomes of medical data, the digital data processing system comprising:

receiving sets of medical information, each set having characteristics relating to a specific medical study and the characteristics of each set having an associated value;

receiving an identity of a user having an associated privilege level;

maintaining the plurality of sets of medical information;

selecting [a] first and second characteristics common to at least two sets of medical information, and immediately processing all values of the first and the second characteristic, including the first and second characteristic in the sets of medical information received, according to a clinical algorithm to determine a clinical outcome indicating containing privileged information dependent on the privilege level of the user, the privileged information including at least one of a risk assessment, a performance rating, and a treatment rating, for the sets of medical information for the specific medical study based upon the selected first and second characteristic to indicate a ranking of at least two doctors in comparison to each other; and

immediately outputting the clinical outcome to allow the clinical outcome to be used during the course of the study if the user has sufficient privilege level to access the clinical outcome.

(Amended) 29. The method claim 28 wherein:

the sets of medical information containing characteristics related to the specific medical study include data related to at least one of a patient, a drug, an ailment, a doctor and a treatment technique; and

wherein a level of processing all values of the first and second characteristic according to a clinical algorithm to determine a clinical outcome is selected based upon the privilege level of the user and wherein the clinical outcome determined based upon the selected first characteristic indicates a statistical result derived from the clinical algorithm for at least one of a patient, a drug, an ailment and a doctor in relation to another of at least one of a patient, a drug, an ailment and a doctor.

Please cancel claims 30 and 31 without prejudice as to the subject matter underlying these claims.

(Amended) 32. The method of claim 31 wherein the first characteristic is an identity of at least one drug and wherein the second characteristic is an identity of at least one other drug, and wherein the clinical outcome provides an indication of a performance of the at least one drug for treating at least one patient in comparison to the at least one other drug in relation to doctors treating patients.

(Amended) 33. The method of claim 31 wherein the first characteristic is an identity at least one first doctor and wherein the second characteristic is an identity of at least one second doctor, and wherein the clinical outcome provides an indication of a performance of the at least one first doctor in comparison to the at least one second doctor as related to at least one of:

i) treatment of at least one patient;

ii) treatment of at least one ailment;

iii) use of at least one drug; and

iv) the success of at least one surgical technique wherein the digital data processing system comprises:

means for displaying results of the clinical outcome only if a privilege level of the user is sufficient to allow that user to view the performance of the at least one first doctor in comparison to the at least one second doctor..

(Amended) 34. The method of claim 31 wherein content associated with the clinical outcome that is output is [governed] determined, in part, by an identity of a particular person who requests the clinical outcome such that there are two users for which output of the clinical algorithm is different and the two users are a doctor and a director of a medical practice group of doctors that includes the doctor, and wherein the output of the clinical algorithm presented to the doctor is filtered as compared to the output of the same clinical algorithm presented to the director of the group of doctors that includes the doctor.

(New) 35. The digital data processing system of claim 1 wherein:

a first user is a medical director and a second user is a doctor under management of the medical director; and

when under control of the medical director, the processor processes all values of the first and second characteristic according to a clinical algorithm to determine a clinical outcome of the sets of medical information that includes privileged information for viewing only by the medical director concerning performance of the doctor; and

when under control of the doctor, the processor processes all values of the first and second characteristic according to a clinical algorithm to determine a clinical outcome of the sets of medical information that does not include privileged information concerning performance of the doctor.

(New) 36. A method of processing medical data, the method comprising the steps of:

receiving an identification of a user having an associated privilege level;

providing to the user, based on the privilege level, a selection of medical studies that can each produce respective clinical outcomes;

receiving, from the user, a selection of a medical study;

determining if the privilege level of the user allows selection of the selected medical study, and if so, receiving, from the user, a characteristic of study data to be processed according to a clinical algorithm associated with the medical study;

processing the clinical algorithm of the medical study in accordance with the characteristic of study data and according to the privilege level of the user to produce a clinical outcome;

presenting patient outcome data from the clinical outcome to at least one patient according to a privilege level associated with the at least one patient;

presenting doctor outcome data from the clinical outcome to at least one doctor according to a privilege level associated with the at least one doctor that is different than a privilege level of the at least one patient;

presenting medical director outcome data from the clinical outcome to at least one medical director according to a privilege level associated with the at least one medical director that is different than a privilege level of the at least one patient and the at least one doctor; and

processing a prescription trigger requirement for the at least one patient based on the clinical outcome to full fill a prescription for the patient on behalf of the doctor treating that patient.